

## Maternal and Child Health Assessment Section

### Surveillance Facts

- Health care providers are required to report the diagnosis of nine specific birth defect conditions to the Department of Health. The list of reportable conditions includes abdominal wall defects, alcohol related birth defects, autism spectrum disorders, cerebral palsy, cleft lip and palate, Down syndrome, hypospadias/epispadias, and neural tube defects.
- The Pregnancy Risk Assessment Monitoring System (PRAMS) program surveys approximately 2,000 women each year between two to five months after they have given birth. Since 1995, over 18,000 women have completed a survey.
- In 2004, over 185,000 students from over 1,000 schools in Washington completed a Healthy Youth Survey (HYS).
- Twenty local Child Death Review teams systematically review the circumstances of unexpected deaths of children around the state, complete a standardized review form, and submit data to MCHA for analysis.

### MCH Title V Block Grant and Annual Report

Washington State's block grant application and annual report to the Maternal and Child Health Bureau, which includes data related to over 30 national performance measures and several state performance measures, can be viewed from the Maternal and Child Health Bureau website:

<http://mchb.hrsa.gov/>.

The Maternal and Child Health Assessment (MCHA) Section supports all programs in the Office of Maternal and Child Health (OMCH) through data assessment, surveillance, and program evaluation activities with the ultimate goal of improving health outcomes for the populations served by OMCH programs.

### Activities

- Conduct and coordinate primary surveillance in a number of areas:
  - Monitor the occurrence of major structural birth defects through the *Birth Defects Surveillance System*. Data from this activity are used to estimate the number of people with birth defects; inform and educate the public about the prevention of birth defects; and assist with early transition into care.
  - Collect and analyze *Child Death Review (CDR)* data from diverse community-based teams that review unexpected deaths to children.
  - Participate with the Centers for Disease Control and Prevention in the *Pregnancy Risk Assessment Monitoring System (PRAMS)* to survey new mothers between two and five months after they have given birth. The survey asks about maternal attitudes and experiences before, during, and immediately following pregnancy.
  - Collaborate with the Office of the Superintendent of Public Instruction (OSPI), the Department of Social and Health Service's Division of Alcohol and Substance Abuse (DASA), and the Office of Community Development to conduct the *Healthy Youth Survey*. MCHA coordinates all DOH assessment activities and serves as the liaison with the contractor, local health jurisdictions, and other interested parties on data related issues.
- Contribute data and information to the Maternal and Child Health Title V Block Grant and Needs Assessment application and report:
  - Conduct the Comprehensive 5-year Needs Assessment and Annual Interim Needs Assessment.

### 2005 – 07 Funding & Staffing

Funding for Assessment services comes from a variety of sources: State General Fund, MCH Block Grant (Title V), State Systems Development Initiative (SSDI), the CDC Immunization (317/VFC) Grant, CDC program grants (e.g. PRAMS) and Title XIX (Medicaid).

MCHA staff includes epidemiologists, research investigators, information systems technologists, interviewers, and office administrative support.

### For more information about the MCH Assessment Section, please contact:

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<http://www.doh.wa.gov/cfh/mch/>

### Activities continued

- Analyze data and forecast trends on national and state performance measures for the annual report.
- Administer the State Systems Development Initiative Grant from the Maternal and Child Health Bureau. The project focuses on the building of state and community infrastructure to improve MCH data capacity and linkages.
- Provide ongoing analyses of all datasets that describe health status, service capacity, and services provided to the MCH population.
- Contribute to investigations of birth defect clusters and other issues of concern to the MCH community.
- Conduct evaluations of programs within OMCH.
- Facilitate the integration of the collection, analysis, and dissemination of data that describe health status and services affecting MCH programs.

### Outcomes/Benefits

- The collection, analysis, and dissemination of data that describe the health status of and services affecting the maternal and child population are integrated.
- Health needs of the MCH population are addressed through evidenced-based program planning, evaluation, and policy development.
- Consistent resources and methods to support funding requirements are available to MCH programs.

### Trends and Emerging Issues

- In an effort to support research-based decision making at local and state levels, standardized indicators and measures must continue to be developed.
- Integrating data collected by each MCH program will benefit all programs.